STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and Circulation

| Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077 | | |
|--|-------------------------------|-------------------------------|
| 1. TITLE OF NEWSPAPER EIKton Recoi | rd | 2. DATE 9-29-14 |
| 3. FREOUENCY OF ISSUE 3A. NO. OF ISSUES PUBLISHED ANNUALLY 3B. ANNUAL SUBSCRIPTION | | |
| Weekly 51 (no Christmas Issue) PRICE \$ 40.28/40.00 | | |
| 4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) | | |
| (Not printers) 205 Elk St., Elkton SD 57026 | | |
| 5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE | | |
| PUBLISHER (Not printers) 207 Kasan Ave., Volga SD 57071-0018 | | |
| 6. FULL NAME OF PUBLISHER: Linda R. Schumacher | | |
| 7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name | | |
| and address, as well as that of each individual must be given. FULL NAME COMPLETE MAILING ADDRESS | | |
| RFD News Group Inc. POB18 207 Kasan Av, Volga, 50 | | |
| 8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 57071 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form. | | |
| None. | | |
| | AVERAGE NO. COPIES EACH | ACTUAL NO. COPIES |
| 9. EXTENT AND NATURE OF CIRCULATION | ISSUED PRECEDING 12 MONTHS | ISSUED NEAREST TO FILING DATE |
| A.TOTAL NO. COPIES (Net Press Run) | 350 | 350 |
| B.PAID AND/OR REQUESTED CIRCULATION | | |
| 1. Sales through dealers and carriers, street vendors, | 15 | 59 |
| counter sales, and paid electronic copies. 2. Mail Subscription | | .10 |
| (Paid and or requested) | 2/6 | 118 |
| C.TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2) | 291 | 252 |
| D.FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS | 0 | 0 |
| 2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES | 16 | 160 |
| E. TOTAL DISTRIBUTION (Sum of C, D1 and D2) | 307 | 310 |
| F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing | 43 | 40 |
| 2. Return from News Agents | 0 | 0 |
| G.TOTAL (Sum of E, F1 and F2 – Should equal net press run shown in A) | 350 | 350 |
| Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public I swear that the statements made by me are true, correct, and complete: | | |
| Linda R Achamacha Publisher | | |
| (Signature) | (Title) | |
| Sworn to before me this 29 day of Sept, 20 14 | | |
| State of South Dakota | mariation thall | |
| County of Brown E | Notary Public 76/4 | |
| (Seal) (Seal) My commission expires: Quart 18, 2015 | | |